

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34463A**

FILED DEC 30 1958

BIRTH NO.		REG. DIST. NO. <b>68</b>		PRIMARY REG. DIST. NO. <b>5269</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Christian</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McCracken Township</b> c. LENGTH OF STAY (In this place) <b>81 Yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Christian</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McCracken Township</b> d. STREET ADDRESS (If rural, give location) <b>Christian</b>			
3. NAME OF DECEASED (Type or Print) <b>Alice</b>		a. (First) <b>Alice</b>		b. (Middle) <b>Laura</b>		c. (Last) <b>Garrison</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 5, 1871</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Garrison</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Hurst</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ura Gann, Sparta Rt#1, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>thy parastatic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>due to (b) our back from fracture of bone &amp; with bone fractured all densely</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 1, 1957</b> , to <b>Oct 2, 1957</b> , that I last saw the deceased alive on <b>Oct 2, 1957</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. R. Farthing M.D.</b>				23b. ADDRESS <b>Ozark mo</b>		23c. DATE SIGNED <b>Oct 5-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 4, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McCracken Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Christian, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12/30/58</b>		REGISTRAR'S SIGNATURE <b>Thomas Chundon</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chubb</b>		ADDRESS <b>Ozark mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Sup - 34463A

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.